

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 12/09/03.

I. DISPUTE

Whether there should be additional reimbursement for CPT code 73562 on date of service 07/03/02.

II. FINDINGS

The respondent denied payment based on "E-Entitlement to Benefits". The respondent disputed the claim in its entirety in TWCC 21 dated 07/16/03. The requestor and respondent signed agreement that the claimant sustained a compensable injury in the form of a left Knee sprain /strain. The service in dispute will be reviewed per the 1996 MFG.

III. RATIONALE

The radiology report and office visit note support delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of 22.00 is recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$22.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$22.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 2nd day of July 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

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